



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Youth Development: Enrollment Checklist

YMCA OF SAN JOAQUIN COUNTY

Child's Name: Child Start Date:

Child Care Site:

PLEASE INITIAL EACH ITEM AFTER COMPLETING THE PACKET

FORMS: AFTER SCHOOL (ALL)	PARENT'S INITIALS	COMPLETED (STAFF)
Rate Sheet		
Registration Contract		
Authorized Pick Up Form		
Admissions Agreement		
Health History / Child Release and Consent Form		
After School Program Data Form		
Release and Waiver of Liability and Indemnity Agreement		
Consent to Participate in Program Evaluation		
Youth Development Family Handbook		
Credit Card / Bank Draft Authorization Form		

ACKNOWLEDGEMENT AND RECEIPT

I acknowledge that I have received, read and sought clarification of any questions I have about the contents of the YMCA School Age Child Care enrollment packet.

Parent Signature Date



YMCA OF SAN JOAQUIN COUNTY

After School Rate Sheet

PAYMENT AND FEES

All payments and fees are required by either automatic bank draft or automatic credit/debit card transactions. A current Electronic Fund Transfer Agreement must be on file and updated annually at the beginning of each new school year. Accounts will automatically be drafted on the 3rd or 20th of each month prior to service. If your draft or card is rejected, a \$25 service charge will be added to your account. Payments received after the 1st day of the month will be assessed a \$35 late fee.

- | | | |
|--------------------------|---------------------------------------|--------------------|
| <input type="checkbox"/> | Plan A: Kinder Time (6:45am -10:45am) | \$420.00 per month |
| <input type="checkbox"/> | Plan B: Before School (6:45am—8:30) | \$150.00 per month |
| <input type="checkbox"/> | Plan C: After School | Free |

PAYMENT OPTIONS (Check One)

- | | |
|--|--|
| <input type="checkbox"/> Full Payment for the year - Due at time of registration | Third Party Agency |
| <input type="checkbox"/> Monthly Payments - Due by the 20th prior to service | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Bi Monthly Payments - Due on the ____ & ____ month prior to service | |
| <input type="checkbox"/> Weekly Payments Due each Monday with full payment due by end of month prior to service | |



YMCA OF SAN JOAQUIN COUNTY After School Registration Contract

Child's Full Name

Birthdate Male Female

Address City Zip

Home Phone Cell Phone

Parent/Guardian Legal Name Birthdate

Email

Parent Guardian Legal Name Birthdate

Email

Child Lives With Mother Father Both Grandparents Other

Grade Entering

TK K 1st 2nd 3rd

4th 5th 6th 7th 8th

School

Elk Horn Julia Morgan Manlio Silva

Podesta Ranch

PLEASE READ THE FOLLOWING AND SIGN BELOW

I have read the tuition and payment policy of the YMCA of San Joaquin County Afterschool and Child Care Centers, the Admissions Agreement located in his registration packet and the Family Handbook. My child and I have also read and signed the YMCA's School Age Student Behavior Management Procedures. I understand all fees are due on the 20th of the month prior to service. A \$35 late fee per family will be assessed for any payment received after the 1st of the month. If payment is not received by the 5th, afterschool services may be suspended. If payment is the responsibility of more than one parent, two signatures are required.

Parent/Guardian Signature Date

Parent Guardian Signature Date



YMCA of San Joaquin County Authorized Pick Up Form

Authorized Person #1:
 Relationship to Child: Birthdate:
 Home Phone: Cell Phone: Work Phone:

Authorized Person #2:
 Relationship to Child: Birthdate:
 Home Phone: Cell Phone: Work Phone:

Authorized Person #3:
 Relationship to Child: Birthdate:
 Home Phone: Cell Phone: Work Phone:

Authorized Person #4:
 Relationship to Child: Birthdate:
 Home Phone: Cell Phone: Work Phone:

Authorized Person #5:
 Relationship to Child: Birthdate:
 Home Phone: Cell Phone: Work Phone:

Authorized Person #6:
 Relationship to Child: Birthdate:
 Home Phone: Cell Phone: Work Phone:

Authorized Person #7:
 Relationship to Child: Birthdate:
 Home Phone: Cell Phone: Work Phone:

I authorize the above people to pick up my child from the program. In the case of an emergency, we will always contact the parent/guardian first. In the event a parent/guardian cannot be reached, we will contact other friends / relatives. No adults other than the parent / guardian or people listed below can pick up your child from our program without a legibly written, dated and signed note from the parent/guardian.

- Please initial the following:
- _____ I understand that the person above must be 18 years of age or older
 - _____ I understand that the person must show identification when picking up
 - _____ I understand that the people listed above will have to have their pictures taken that will only be used in our check in / check out system
 - _____ I understand that to add or remove anyone to this form once it is submitted requires written notice to the Program Coordinator

Child's Name

Parent/Guardian Signature Date



YMCA of San Joaquin County Admissions Agreement

YMCA of San Joaquin County Afterschool and Child Care is a licensed exempt program for school aged children. Hours and fees vary between locations, please check your program's schedule. The district funding only covers student's in the afterschool program from the release of the school day until 6:00pm

1. The YMCA School Aged Child Care and preschool program Family Handbook serves as a part of this Admission Agreement. Please understand that it is your responsibility to read and understand the policies set forth in the Family Handbook.
2. All payments have to be paid through either Automatic bank drafts or Automatic credit card payments. We automatically draft your account on the 20th prior to service. If your bank draft / credit card payment is rejected, a \$25 service charge will be added to your account. Please provide any changes to your bank draft/credit card in writing to our office 15 days in advance.
3. Before or on the 20th prior to service: Fees must be paid by the 20th prior to service. (For example, September's fee needs to be paid no later than August 20th.)
4. After the 1st of the month: payments received after the 1st of the month of Service will be assessed a \$35 late fee.
5. After the 5th day of the month: If payment is not received after the 5th day of the month of service, your enrollment will be suspended.
6. All Children must be picked up by 6:00pm. Any student who is picked up late 3 times will be dismissed from the program.
7. Fee Changes: We will give you a 30 day written notice in advance of any fee changes.
8. Refund conditions: All fees are charged on the basis of enrollment, not attendance. Refunds/prorates cannot be granted for absences due to illness or vacation. When you enroll, you are reserving time, space, staffing and provisions, whether or not your child attends. Refunds will be given for overpayment of fees or paid time after your two week cancellation notice has elapsed. Refund will not be given if your child is suspended or terminated from the program.
9. A two week written notice is required to withdraw from the program.
10. If your child has special needs, please let us know during enrollment. We want to provide the best environment for everyone and will make reasonable accommodation to fully include every child in activities. Failure to inform the Y at time of enrollment may result in a delayed program start date as we work to provide the appropriate accommodations.
11. Please understand that the YMCA of San Joaquin County is mandated by the State of California to report any suspected child abuse.
12. We periodically take pictures of participants in YMCA programs/activities. Please understand that these pictures may be displayed, used in fliers, brochures, videos or other YMCA promotional material. If you prefer your child's picture not be used in any of the above, please inform the YMCA staff in writing.



13. We reserve the right to end your child's enrollment for the following reasons:

- If you fail to pick up your child by 6:00 pm on three (3) separate days.
- If you fail to pay your fees on a timely basis for two (2) consecutive months.
- If there are repeated occurrences of absences without notification.
- If there are disciplinary problems with your child that put other children at risk physically and/or emotionally.

14. Optional Services: At times, the YMCA will provide optional services to children in the child care centers. These services may take the form of a food program, youth sports league, enrichment course, or similar program.

These services are strictly optional, and information about fees and schedules are available for each service on a separate form or flyer.

15. The YMCA of San Joaquin County is a non-profit organization. Our Federal Tax ID # is 94-1156319

Child's Name

Parent/Guardian Signature Date

Parent/Guardian Signature Date



YMCA of San Joaquin County Confidential Health History and Consent Form

Child's Name: First Last Gender: M F

Address Home Phone

Birthdate: / / School Grade Age

Height Weight Hair Color Eye Color

Birthmarks/Scars

- Caucasian
 Asian/Pacific Islander
 Hispanic
 African American
 Native American
 Other

Parent/Guardian Legal Name 1: Address

Home Phone Cell Phone Email

Employer Work Phone

Parent/Guardian Legal Name 2: Address

Home Phone Cell Phone Email

Employer Work Phone

MEDICAL CAREGIVERS (INFORMATION REQUIRED BY STATE LAW)

Family Physician Preferred Hospital

Doctor's Phone Doctor's Address

Family Dentist Dentist Phone

Medical Insurance Company Policy #

MEDICAL HISTORY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures | <input type="checkbox"/> Bleeding/Clotting Disorder |
| <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Currently Under Dr Care | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> German Measles | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Migraines | <input type="checkbox"/> Psychological Conditions | <input type="checkbox"/> Recent Hospitalizations |

List any other medical history here:

.....
.....



Allergies:

- Pollen
- Penicillin
- Poison Oak
- Bee Stings
- Other Allergies?
- Bee Sting Kit
- Foods
- Hay Fever
- Other Drugs

List any other allergies here:

.....

.....

List Dietary restrictions here: (Any dietary changes to the meals we provide will need to have a doctor's note attached to it)

.....

.....

Any reason to restrict strenuous activity such as swimming, long hikes, strenuous games, roller coaster rides? Yes No

If Yes, Please Explain

.....

List any past serious medical treatment such as operations, injuries or restrictions on physical activities:

.....

Is your child currently involved in therapy? Yes No If Yes, Please Explain:

Does your child require special accommodations? Yes No If Yes, Please Explain:

If your child has special needs, please let us know during enrollment. We want to provide the best environment for everyone and will make reasonable accommodation to fully include every child in activities. Failure to inform the Y at time of enrollment may result in a delayed program start date as we work to provide the appropriate accommodations.

MEDICATION DISBURSMENT AUTHORIZATION

If your child is currently taking prescription medications, complete this section. For your child's protection, our staff cannot administer medication without these forms. Any medicines that you give us for your child must be in the original container with dosage directions and/or doctor's instructions clearly labeled. Medication will be administered and documented according to directions on the bottle or by a doctor's instructions.

Medical Condition

Medication Amount to be given When

Comments or instructions

Parent/Guardian signature Date

*Please list additional medications on separate page



Confidential Health History and Consent Form

MEDICAL RELEASE

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I assume that the YMCA of San Joaquin County assumes no financial obligation for such treatment but, in the event that I cannot be reached for an emergency, I hereby give permission to the physician selected by the YMCA to order X rays, routine tests, and secure proper treatment, hospitalize, and to order injections/and/or anesthesia and/or surgery and emergency treatment for my child as named on this form. All immunizations required for school are up to date unless I have signed that I do not immunize my child.

I agree to and understand the following guidelines: Participants agree to abide by the rules and regulations set by the YMCA for the health, safety, and welfare of all children. Children are not allowed to smoke, chew tobacco, possess any smoking materials, alcohol, illegal drugs, firecrackers or explosives, weapons, use lewd conduct, and inappropriate touching of any kind. Willful destruction of property will be the financial responsibility of the child's parent. Children may not leave the property or established boundaries without YMCA staff permission.

YMCA of San Joaquin County reserves the right and will send anyone home (at the parent's / guardians' expense and liability) who violates these rules. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the child. The Program Director reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary.

Parent's/guardians signature is required on the Photo Release, Medical Release and agreement to follow YMCA policies and guidelines in order for your child to participate in the YMCA Program.

Child's Name

Parent/Guardian Signature

Date



YMCA of San Joaquin County After School Program Data Form

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH CHILD ENROLLED IN THE PROGRAM

Child's Name:

(PLEASE PRINT) Last

First

Middle

Home Phone

Emergency Phone

Home Mailing Address

Street Or P.O. Box

City

State

Zip Code

Does your child qualify for free or reduced lunch?

Yes No

Primary Language Spoken at Home:

Secondary Language Spoken at Home:

English

English

Spanish

Spanish

Chinese

Chinese

Japanese

Japanese

French

French

Polish

Polish

Unknown

Unknown

Other, please specify:

Other, please specify:

ETHNICITY INFORMATION

Please check the ethnic group the child most identifies with:

Caucasian/White

African American / Black

Hispanic / Latino

Native Hawaiian or other Pacific Islander American Indian or Alaska Native

Asian



YMCA of San Joaquin County

Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, equipment, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participation by children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has received, or immediately upon entering or participating will more thoughtfully review, and has carefully considered such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, OR UTILIZING ANY ONLINE OR IN PERSON SERVICES OFFERED BY OR AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "Releasees") from all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children, whether caused by the negligence of the Releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage or cost that may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using the facilities or equipment of the YMCA for participating in any program affiliated with the YMCA whether caused by the negligence of the Releasees or other wise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of Releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.



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4. THE UNDERSIGNED HEREBY AGREES TO THE YMCA PRIVACY POLICY, which can be found at ymcasjc.org
 5. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is ended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
 6. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

Signature of Parent / Guardian Date

Signature of Parent / Guardian Date



YMCA of San Joaquin County

Consent to Participate in Program Evaluation

Your local YMCA and YMCA of the USA evaluate our programs to see what we are doing well, to identify area of the program that we can improve, and to make sure that the children we serve are benefitting from this program.

Part of the evaluation involves collecting information from program participants, Participation is voluntary and you can withdraw your consent to participate in the evaluation at any time. Your child’s participation in the program will not be affected. If you choose to participate in the evaluation, your privacy and your child’s privacy will be protected. We will not use your child’s name in any report or publication. Individual responses will not be made public. Your child’s information will be secured. As required for evaluation purposes, we may share your child’s information with our evaluation partners, who we require to protect your child’s privacy and confidentiality.

For evaluation purposes, we ask your permission to:

- *Collect demographic information on your child
- *Track your child's attendance in this program

Where applicable, we also ask your permission to:

- *Survey your child about his/her program experience
- *Interview your child about his/her program experience
- *Receive the results of assessments your child takes as part of the program
- *Observe your child participating in the program
- *Receive academic data from your child’s school in accordance with applicable state and federal laws.

Please receive the program—specific information sheet to see what information is collected in your child’s program.

- YES, I agree to allow my child's information to be used as part of the program evaluation. I understand that his evaluation is part of the program my child is receiving and that my child's participation is voluntary.
- NO, I choose not to allow my child's information to be used as part of the program evaluation.

If you sign below but do not check a box, we will assume you have agreed to the use of your child's information in the evaluation. This agreement remains in effect until you withdraw your permission.

..Child's Name.....

..Parent/Guardian Signature.....Date.....